Perinatal Anxiety

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Perinatal Anxiety

Common: 1 in 5 perinatal individuals

Screening: GAD-7; with perinatal depression screening

Anxiety Symptoms:

Psychological:	***Physical:***	***Worries about:***
Excessive worry	Muscle tension	Fetal wellbeing
Feeling on edge	Fatigue	Pregnancy complications
Hard to reassure	Gastrointestinal symptoms	Labor and childbirth
Intrusive thoughts	Palpitations, chest pain	Health and safety of the baby
Feeling out of control	Shortness of breath	Ability to parent
Panic	Dizziness	

What is the difference between clinically significant anxiety and normal worry? Many people have worries during pregnancy or postpartum and this can be normal. Clinically significant anxiety is excessive or irrational, causes significant distress, and/or interferes with functioning (e.g., ability to care for self/children, relationships, work, school)

Anxiety symptoms and/or positive screen (GAD-7 > 10)

Differential Diagnosis:
*Situational stress/Adjustment disorder (anxiety related to stressful life events, intimate partner violence/abuse, pregnancy-related anxiety)
*Anxiety secondary to medical condition (e.g., hyperthyroidism)
*Anxiety secondary to substance use/withdrawal, medications
*Primary anxiety disorder (meets DSM-5 diagnostic criteria for panic disorder, generalized anxiety disorder, social anxiety disorder, specific phobia)
*Anxiety secondary to another psychiatric disorder (if obsessions/compulsions, think of OCD; if trauma history, nightmares/flashbacks, think of PTSD)

Consider comorbidity: Depression common; many people with anxiety disorders have more than one!

Mild anxiety:
*Address stressors, provide information, problem-solving, increased social support
*Relaxation, mindfulness, meditation, yoga
*Consider psychotherapy

Moderate/severe anxiety:
*Psychotherapy (especially cognitive-behavioral therapy (CBT))
*Medication (weigh risks of untreated anxiety vs. risks of medications, alternative treatments)

Risks of untreated anxiety:
*Decreased placental blood flow
*Increased stress reactivity, HPA axis activation, cortisol levels
*Increased rates of preeclampsia, gestational hypertension, preterm birth, low birth weight, prolonged labor, postpartum hemorrhage
*Increased risk of postpartum depression; impaired attachment
*Cognitive and motor delays, emotional and behavioral problems in child

Perinatal Anxiety (Cont.)

Risks of medications in pregnancy and lactation:

*SSRI antidepressants are first-line medication treatment for anxiety disorders
*No consistent increase in rates of malformations
*Persistent pulmonary hypertension of the newborn (PPHN; 2.9 vs. 1.8/1000)
*Neonatal adaptation syndrome in 30%; worse if also taking benzodiazepines
*Monitor breastfed infants for sedation/poor feeding
*Other medications can be used for adjunctive/as-needed treatment of anxiety (see Perinatal Anxiety Medications table on the next page for risks of benzodiazepines and other anxiolytics)

Alternative treatments:

*Psychotherapy (CBT)
*Mindfulness, meditation, relaxation
*Exercise, yoga

Goal:

*Treat to remission
*Track GAD-7 to measure progress/outcome
*If not improved, add medication/ psychotherapy to existing treatment, try switching to another SSRI or an SNRI, and/or seek psychiatric consultation/referral

Perinatal Anxiety Medications

The first-line medication treatment for an anxiety disorder is an SSRI or venlafaxine. The anxiolytic medications below may be useful as adjunctive treatment, for occasional as-needed (PRN) use, or for patients who cannot tolerate or do not respond to first-line treatment.

Drug Name	Starting Dose (mg)	Up titration/dosing schedule	Side effects	Use in Pregnancy	Use during Lactation
BENZODIAZEPINES					
Alprazolam[a] (Xanax)	0.25-0.5 TID	Increase weekly as needed; max 4 mg daily in divided doses[b]	Benzodiazepine side effects include sedation, incoordination, memory impairment, tolerance, dependence, withdrawal; avoid use with opioids (black box warnings)	No consistent increase in malformations[c] Increased rate of spontaneous abortion, preterm birth Neonatal withdrawal, "floppy infant" syndrome; increase in NICU admissions Those with lower placental passage (e.g. lorazepam) preferred	RID 3%; reports of infant sedation, withdrawal symptoms with weaning/discontinuation
Clonazepam[a] (Klonopin)	0.25 BID	Increase in increments of 0.125-0.25 mg BID to 1-2 mg daily as needed			Sedation, apnea reported in infants; monitor for sedation, poor feeding, poor weight gain
Diazepam[a] (Valium)	2-5 BID	2-10 mg 2-4 times daily			Sedation, weight loss reported in breastfed infants
Lorazepam[a] (Ativan)	0.5-1, 2-3 times daily	Increase as needed to 2-6 (max 10) mg daily in divided doses			Low levels in breast milk, no reports of sedation. Preferred benzodiazepine in lactation.
OTHERS					
Buspirone (Buspar)	7.5 BID	Increase by 5 mg every 2-3 days to 15 mg BID. After 3 weeks, increase further as needed; max 60 mg/day in divided doses	Dizziness, drowsiness, headache, nausea	Limited human data (75 reports of first trimester exposure, one infant with malformations); no inc in malformations in animals	Limited data; low levels in breast milk; seizures in one infant exposed to multiple medications
Gabapentin[a] (Neurontin)	100, 1-3 times daily	Increase to 300-600 mg TID as needed	Dizziness, drowsiness	Possible inc in heart defects; inc in preterm birth, NICU admissions	Limited data; RID 1-4%; no adverse effects noted in infants
Hydroxyzine[a] (Vistaril)	25	Increase to 50-100 mg up to QID as needed	Drowsiness, dry mouth	Possible inc in heart defects	Reports of infant sedation, irritability
Pregabalin[a] (Lyrica)	25 BID	Increase as needed to 150-600 mg daily in divided doses	Dizziness, drowsiness	Inconsistent reports; possible increase in malformations	Limited data; RID 7-8%; no adverse effects in one infant; manufacturer recommends against breastfeeding
Propranolol[a] (Inderal)	10	10 mg as needed, one hour prior to event	Contraindicated with asthma, bradycardia, hypotension, CHF	No inc malformations; ± IUGR; neonatal bradycardia, hypoglycemia	Low levels in milk; bradycardia, sedation in 2 infants exposed to multiple medications
Quetiapine[a] (Seroquel)	25	Increase to 50-300 mg daily as needed	Sedation, weight gain, metabolic syndrome	>5000 exposures; no increase in malformations; neonatal syndrome	Low levels in milk; RID<1%; one infant with sedation

[a]Can be scheduled or prescribed PRN (as needed); buspirone is not effective as a PRN medication

[b]Dose for panic disorder can be 5-6 mg daily (max 10 mg daily) in divided doses

[c]Increase in malformations reported with benzodiazepine + SSRI exposure, but not with benzodiazepines alone

5/15/25

Perinatal Anxiety Resources

Review article:
Thorsness KR, Watson C, LaRusso EM. Perinatal anxiety: approach to diagnosis and management in the obstetric setting. Am J Obstet Gynecol 2018; 219:326-345.

Clinkscales N, Gold L, Berlouis K, MacBeth A. The effectiveness of psychological interventions for anxiety in the perinatal period: a systematic review and meta-analysis. Psychol Psychother Theory Res Pract 2023; 96:296-327.

GAD-7 in other languages:
The GAD-7 anxiety screening questionnaire is available in multiple languages at:
https://www.phqscreeners.com

Patient manual:
Gyoerkoe K, Wiegartz P, Miller L. The pregnancy and postpartum anxiety workbook: practical skills to help you overcome anxiety, worry, panic attacks, obsessions, and compulsions. Oakland, CA: New Harbinger Publications; 2009.

Websites for patients:
Calm
For meditation, dealing with stress, sleep
https://www.calm.com/

Headspace
For stress, anxiety, sleep, learning meditation
https://www.headspace.com/